CalOMS Regional Meeting

Questions and Answers

2004

These questions were collected from participants during the CalOMS Regional Informational Meetings, conducted in San Bernardino, San Joaquin, Shasta, and Fresno counties between October 28, 2004 – December 8, 2004.

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CalOMS Data

1. Is the CADDS data set going out with CalOMS? Does CalOMS replace CADDS?

   Answer: The CalOMS system will replace the California Alcohol and Drug Data System (CADDS) system. The CalOMS data set will incorporate nearly all of the current CADDS questions.

   CADDS collects client admission and discharge data, which includes the national Treatment Episode Data Set (TEDS) for the federal government. CADDS collects approximately 30 data items regarding the clients receiving AOD treatment. CADDS also collects limited data regarding client description and demographics, the services being received and the client's drug or alcohol problem.

   CalOMS represents an expanded set of client data questions and collection points. In addition to admission and discharge data collection points, CalOMS will add treatment follow-up, also referred to as T3, as a third point of data collection. The CalOMS data set will include questions from the following:
   - California Alcohol and Drug Data System (CADDS)
   - Federal Performance Measures (FPM) requirements
   - Unique Client Identifier (UCI) items
   - Minimum Treatment Outcome Questions (MTOQ) as adopted by the CalOMS Implementation Work Group (IWG) in June 2004.

2. Is the data matrix final? What are the components?

   Answer: The CalOMS data matrix to be used for CalOMS Phase I has now been finalized as part of the requirements phase, and CalOMS will soon be moving into the actual design and development phases. This data matrix was developed by ADP in cooperation with a variety of stakeholders including counties, providers, and researchers. The CalOMS data matrix was approved by the County Alcohol and Drug Administrators Association of California in May, 2004. The CalOMS Implementation Work Group, which is comprised of county administrators, researchers, and providers, approved the final CalOMS data matrix on June, 25, 2004. ADP has adopted a change management process for reviewing suggestions and requests for changes to the data matrix for possible inclusion in future phases of CalOMS.

   There are three components of the CalOMS data set:
   1. Admission data (T1): this data is collected upon a client's initial entry into a treatment program.
   2. Discharge data (T2): this data is collected upon a client's completion of treatment. Discharge is not limited to "successful"

completions. CalOMS will allow for identifying the reason for discharge. For example, when a client has not been seen by his/her AOD counselor for 30 days or more, he/she must still be counted as a discharge. This is referred to as an administrative discharge and would be collected by selecting "administrative discharge" when entering data for such an individual. Another example of a discharge that is not a result of "successful" completion of treatment is if a client passes away. He/she is reported as a discharge by selecting "death" from the options when entering the data.

3. Post-discharge follow-up/outcomes data (T3): this data will be collected by a third-party entity at least six months after discharge. Follow-up data will be collected by contacting a sample of individuals (randomly selected for follow-up from the entire pool of discharged clients) to be interviewed via telephone by a third-party entity.

3. Will discharge or TEDS data disappear with CalOMS? What if the client disappears?

Answer: The discharge questions (TEDS/T2) currently collected through CADDS will not be eliminated with CalOMS; rather these questions will be part of the CalOMS data set. If a client disappears, an administrative discharge would be collected.

4. Will the new data form for CalOMS be similar to CADDS? (coding)

Answer: Since ADP will only be accepting CalOMS data electronically from counties, there will no longer be any need for counties to submit hardcopy carbonless forms, like those used for CADDS.   However, ADP plans to develop a generic format that can be used by direct providers and those counties who are planning to have their providers capture client treatment data via hardcopy forms, prior to data input.

5. What zip code is used for "current residence" in CalOMS? Is it the treatment facility?

Answer: The business rule for "current residence" in CalOMS has not changed and will be the same as for CADDS. The zip code should reflect the client's current residential area zip code, not the zip code of the treatment provider facility. If the participant is homeless, this item should be left blank.

6. Will CalOMS and CADDS be linked in any way?

Answer: Once CalOMS is fully implemented and operational, CADDS will be "retired". This means that CADDS data will be maintained indefinitely, but the CADDS system itself will be removed from production. During the implementation period for CalOMS, ADP will develop extraction and migration programs for moving data between

the two systems, so that counties will not have to do any duplicate key data entry and will only have to submit data to one system.

7. Will CalOMS allow counties to have areas for their specific use/needs (coded remarks)?

    Answer: CalOMS will not include a "coded remarks" section like CADDS, since the data included in the CADDS coded remarks section has been incorporated into the CalOMS data set. Additionally, ADP decided not to include an unedited free-text field in CalOMS because of the inherent limitations in data validation, and because the CalOMS data set does not include any free-text fields. Individual counties who need free text fields for their county-specific data are encouraged to include such fields when they develop their own systems; however, data from such free-text fields should not be submitted to ADP.

8. Will providers lose historical data they are currently collecting for CalOMS?

    Answer: ADP will only accept complete data records as of the anticipated start date of the CalOMS system. Counties will have access to the historical data they maintain in their own systems.

CalOMS Submission

9. What is the electronic file format? When will it be available?

    Answer: The electronic file format is a standardized "flat file" format that all counties and direct providers will use to submit client data to ADP.   The specific file format to be used will be determined during the design phase of CalOMS and is anticipated to be released to the counties in Spring 2005. For more complete information regarding the electronic file format and data submission processes, please refer to pages 11-12 of the *Requirements Specification for CalOMS*. This document is intended for use by counties and direct providers in developing their own CalOMS systems, and can be found on ADP's website at the following link:
    http://www.adp.ca.gov/CalOMS/pdf/ReqSpec.pdf

10. If clients choose not to answer some questions, will it show up as an error in CalOMS?

    Answer: As with CADDS, most questions require a response, while some are discretionary and allow a blank response. If the response to a question is mandatory, a lack of response will result in an error for that record in CalOMS. Depending upon the question, errors may be categorized as critical or non-critical which is the same as in CADDS. Critical errors cause a client record submission to go to 'suspense' which means that it is held pending until a correction is received. Non-critical errors are flagged for attention by the county, but they do

not cause a client record to go to 'suspense'. For more information regarding whether responses are mandatory or discretionary, please see the CalOMS Data Matrix available on our website at the following link: http://www.adp.ca.gov/CalOMS/pdf/CalOMSDataMatrixv7.pdf.

11. How must data be submitted to the State?

Answer: CalOMS data must be electronically submitted to the State in a batch file format, on a monthly basis. (Please see Question #9). CalOMS system *will not* accept data submitted on carbonless-type forms as is currently an option in CADDS. For detailed information and explanation on the process for collecting and submitting CalOMS data to ADP refer to the *Requirements Specification for CalOMS*. This document is tailored for use by counties and direct providers and can be found on ADP's website at the following link: http://www.adp.ca.gov/CalOMS/pdf/ReqSpec.pdf

Page 11 of the *Requirements Specification for CalOMS* discusses the process for data collection and submission. Page 12 of the *Requirements Specification for CalOMS* discusses the reporting process (the electronic file format).

Data Research T1,-T2,-T3

February 16, 2005 update: Due to the initial cost estimates to conduct the six-month post-discharge follow-up (T3) on a statewide basis and the recent federal funding reduction, ADP will not be able to conduct T3 in Phase I. However, ADP is exploring other options for T3 and in the interim ADP will focus on getting counties and providers up and running with T1 and T2 data.

ADP plans to learn from the experiences of counties that are pursuing T3 data collection independent of ADP. ADP may use these counties' implementation costs as a basis for estimating statewide T3 costs. In addition, these counties can provide valuable information about their experiences conducting T3 such as obstacles, successes, etc. This information will thus enable ADP to determine the feasibility of conducting T3 at a later phase in CalOMS.

12. Will only successful completions be included in the follow-up? What will be looked at in T3?

Answer: The follow-up portion (T3) of CalOMS will not be limited to successful completions. Were ADP to limit T3 to successful completions the data collected would not be valid or reliable because the sample from which the data was collected would be considered biased. Specifically, the resulting data could indicate treatment episodes result in improved functioning in a client's various life domains more frequently than may be true in reality since only those clients who "successfully" completed a treatment episode were

contacted at follow-up. Therefore, to ensure valid data and the use of an unbiased sample of clients, a random sample will be drawn from all discharged clients, regardless of the status of discharge.

For example, if a client was discharged administratively (he/she had not been seen by his/her counselor or participated in treatment activities for 30 days or more) he/she would not have "successfully" completed a treatment episode, yet could still be contacted as part of T3.

13. What format will be used (time after treatment episode) in CalOMS for follow-up; i.e. 6 months, 9 months?

Answer: CalOMS will capture follow-up data, also referred to as T3, six (6) months after the treatment episode. Once clients/participants are discharged from non NTP treatment for more than 30 days, they will be included in a sample frame of individuals, from which individuals are randomly selected for a follow-up interview. The six-month post treatment time frame was agreed to with the CalOMS Implementation Work Group stakeholders group on June 25, 2004. How follow-up will work for NTP clients is being developed.

14. Will counties be able to receive follow-up (T3) data?

Answer: The follow-up (T3) portion of CalOMS is still under development. It has not yet been decided whether client-specific follow-up data will be provided to counties and direct providers.

15. Will a small county still have a representative sample size?

Answer: For T3 follow-up, a third-party entity will survey a statewide sample of individuals who have been discharged from treatment. ADP is working with stakeholders to identify ways to provide meaningful data to all counties.

Follow-up

16. What third-party entity will be conducting the follow-up?

Answer: ADP has not yet started the process for selecting a third-party entity. A third-party entity will be selected through a competitive bid process once the follow-up (T3) component of CalOMS has been designed.

17. What if the client does not want to sign the informed consent or be contacted for follow-up?

Answer: If an individual does not wish to be contacted for follow-up (T3) data collection he/she must be provided the option to decline to

participate in that portion of CalOMS data collection. It is important, however, to inform the client his/her information will remain confidential as well as the importance of CalOMS data and how their participation could help in the effort to better understand the impact of treatment on participants as well as the state. This would help the client make an informed decision to participate or decline participation in follow-up.

18. Do you still submit data for those clients who do not sign the consent for follow-up form?

Answer: All admission (T1) and discharge (T2) data must be submitted for all clients, even those who do not sign the Consent Form. The consent is an authorization to be contacted and interviewed for follow-up (T3). All clients who are discharged from treatment will be included in the pool of individuals for random sampling for follow-up interviews. This is necessary to ensure an unbiased sample. In the event a client is randomly selected from the pool of discharged clients and has declined to participate in follow-up, then he/she will be eliminated from the randomly selected sample and thus will not be contacted.

Random samples larger than necessary to obtain valid outcomes data will be drawn from the pool of discharged clients. This is to address the type of circumstance discussed above, as well as other such circumstances, i.e., an individual signed the consent form for follow-up participation but cannot be located.

19. Is it the state's intent to develop a set of locator questions for follow-up (T3)?

Answer: It is ADP's intent to develop standardized client locator forms and client consent for follow-up forms. ADP expects to have these standard forms completed in Spring 2005.

20. We have concerns about clients who drop out of treatment.

Answer: Client retention is an important consideration in any program. We recognize the challenges providers face with clients who may drop out. Providers can avail themselves of training and technical assistance opportunities such as those offered through their counties, the State ADP, and the Pacific Southwest Addiction Technology Transfer Center.

21. Is there evidence the locator forms work with AOD population?

Answer: The locator form UCLA used in CalTOP had a good record with this population. ADP will be drafting a locator form based on the experience of counties and UCLA.

22. Will clients that drop out of treatment be included in follow-up?

Answer: Yes, attempts will be made to randomly select a sample of clients including those that drop out of treatment. In order to avoid biases, all clients discharged from treatment services for more than six months will be included in the sample frame to randomly select individuals for follow-up.

23. How will client consent and location be confirmed?

Answer: The client consent and locator forms are to be verified at discharge.

24. Could counties receive training or information to explain providers' role to increase percent of T3 participants.

Answer: The Department and other entities will provide technical assistance to the AOD field. The Department is forming a team to assist counties with the technical and programmatic changes during calendar year 2005.

Discharge – Service Break – Treatment Episode

25. What is the definition of administrative discharge? How are providers to collect the remaining data elements under such circumstances?

Answer: The California Alcohol and Drug Data System (CADDS). definition for discharge, based on the federal standards, will continue to be used for CalOMS for the present time. The date of discharge is the date of the participant's last direct recovery service at the facility. For NTP clients only, the discharge date should be considered the last billable service treatment date, which includes the last day for which clients receive take-home medication dosages.

Based on these rules the providers should try to collect as much data as possible from their clients at admission.

26. Will the Unique Client Identifier (UCI) be the same if a client has been discharged and returns to the treatment system?

Answer: The UCI will be client-specific, permanent and unique. Unlike CADDS, it will not change with each treatment episode.

27. Will CalOMS be able to capture clients who have completed treatment, relapsed after some amount of time post-treatment, then returned for services?

Answer: Yes. The UCI for clients will remain constant. Therefore, the clients can be tracked across services, counties, and time.

28. Do providers discharge clients after treatment and before aftercare?

Answer: Yes, the CADDS rule will be followed throughout treatment services and discharge will be completed prior to a client's entry into aftercare. Aftercare will not be a CalOMS reportable modality.

29. Who is responsible to locate clients for follow-up?

Answer: The Department intends to contract with a third party entity that will locate clients and conduct follow-up interviews.

Incentives

30. What's the incentive for clients to participate in CalOMS follow-up data collection?

Answer: The incentive for clients is in "giving back" to the community through improving treatment delivery, and improving client outcomes, participation, accuracy and value of services. Although consent is "voluntary," providers develop a relationship with clients based on trust and are expected to explain the benefits of participating in the follow-up and ask for the client's consent to be contacted for follow-up.

Use of Data – Feedback to Counties/Providers

31. What plans does ADP have for providing feedback on CalOMS data ADP receives?

Answer: The data gathered will be used to evaluate program effectiveness, identify new trends in the client population, and provide data for service planning. Standard reports of county and statewide data will be made available for counties. Additionally, ADP staff will be able to produce ad hoc reports from CalOMS data.

32. Do providers have to work with the county to obtain feedback, reports, etc., or will there be a way for providers to access data directly?

Answer: Counties are expected to make provider-specific data available. For those providers in multiple counties, the data would come from each county.

33. Is the provider dependent on the county in the flow of data?

Answer: For sub-contracted county providers, the data would be reported through the county. For some direct providers which submit data through counties, the flow data would be through that county. Appropriate business associate language will be necessary for the provider, county and ADP to accept and report data.

34. Will ADP develop a mechanism for providers to have direct access to their data?

ADP may, on an exception basis, allow providers to access CalOMS data directly. However, this has not been determined nor approved.

35. Will the data be extractable; not just reports, but data itself?

Answer: Yes, each county will be able to extract its data.

36. Will providers be able to get data from ADP? Will the different interpretations of data responses be defined?

Answer a: Counties are expected to quality check the data submitted by county providers and county sub-contracted providers; to share county and statewide data with their providers; and to make the data available to providers.

Answer b: We are aware there are different opinions of the possible data responses across the state. A CalOMS Users Manual is being developed with definitions of the data response elements. The CalOMS User Manual is anticipated to be ready by late Spring 2005.

37. What is the minimum number of clients we must have locator and consent forms for? Will there be a minimum number or percentage required for locator and consent forms?

Answer: The locator form is required of all clients. Each client is to indicate consent or decline to consent on the form and the form is noted and signed by the client.

38. How will we capture data for clients that go to other counties for treatment?

Answer: Counties that send clients to receive services in other counties will use the appropriate designation number in CalOMS data set.

Implementation

39. Is there an outline for CalOMS implementation plans?

Answer: Yes, it is available on the CalOMS web site at www.adp.ca.gov. In addition, ADP will be working with counties to facilitate their decision-making process and planning process for CalOMS implementation in Spring 2005.

40. Will CalOMS also be able to collect Drug and Alcohol Treatment Access Report (DATAR) data?

Answer: No, DATAR collects information on treatment capacity and waiting lists, while CalOMS collects client treatment data. The CalOMS system will capture one DATAR question, from clients regarding the number of days they were on a wait list.

41. Will the State explain the Institute of Medicine (IOM) framework to counties and providers?

Answer: The IOM framework is a continuum of care model that encompasses alcohol and drug services from prevention through treatment to aftercare.

WITS and Other Software

42. Is all the CalOMS data collected through WITS?

Answer: The basic WITS module captures approximately half of the CalOMS data set, but does not capture the California-specific outcomes questions.

43. Will ADP provide WITS software or develop a CalOMS module for the counties use?

Answer: Counties and direct providers are responsible for their own data collection system; WITS is one software option that can provide this capability.

If a county or consortium of counties adopts WITS, the California specific outcome questions will need to be added. The State is currently determining what its role will be in support of the counties. If a county or consortium of counties adopts WITS, ADP would work with the WITS vendor during development and testing to ensure that the necessary questions are collected and the data is in the format needed.

44. Would the information collected through WITS be available to the county?

Answer: The State would only receive CalOMS data and not any other data collected in the WITS system. Once the data is transmitted electronically, ADP will be providing web-based reports to the counties and direct providers. These reports will allow counties to compare themselves to the State aggregate data.

45. When we talk about a consortium, what sorts of things would the consortium share?

Answer: The State is not mandating any particular arrangement. However, a consortium could create a contractual agreement for such things as:

- Sharing the cost of new software and system development
- One county hosting the server and website that other counties use to collect data.
- A host county could submit the data to ADP for a consortium of counties.

46. Is the WITS software free?

Answer: The software is available at no charge to the states and counties.   However, there is a cost to modify, implement, host, and maintain the software.

47. Would there be maintenance and support provided?

Answer: As with any software vendor, the maintenance and support is an ongoing cost.

48. Does development of WITS modules fit into the State's timeline?

Answer: This has not been determined.

49. How soon will counties hear about the totality of counties interested in WITS?

Answer: During the January California Alcohol and Drug Program Administrator Association of California (CADPAAC) meetings, an update will be given on the County CalOMS Readiness Survey. Counties interested in WITS will be reported at that time

50. Is it up to the counties or providers to use WITS, or is it a State decision?

Answer: Counties and direct providers are to make their own decision based on local needs and resources. The State is not requiring a particular software vendor or system.

51. Where can counties/providers get more information on WITS?

Answer: WITS is a web based software application developed by FEI. The FEI contact person is Mr. Rodney Conrad, at rconrad@feinfo.com.

Technical Aspects of CalOMS System

52. Is the file format for data submission one long record, or multiple records?

Answer: The electronic file format is a standardized "flat file" format that all counties and direct providers will use to submit client data to ADP. The specific file format to be used will be determined during the design phase of CalOMS and is anticipated to be released to the counties in spring 2005. For more complete information regarding the electronic file format and data submission processes, please refer to pages 11-12 of the *Requirements Specification for CalOMS*. This document is intended for use by counties and direct providers in developing their own CalOMS systems, and can be found on ADP's website at the following link
http://www.adp.ca.gov/CalOMS/pdf/ReqSpec.pdf

53. How often must counties report the data?

Answer: On a monthly basis, the counties must submit CalOMS treatment data in an electronic batch file to the State.

54. Will the CalOMS system be web-based?

Answer: Counties may choose to develop or acquire systems which collect data on a web-based system, such as WITS. However, CalOMS requires counties to submit data to ADP in a batch flat-file format.

55. Will counties be able to select reports based on discharge status?

Answer: The CalOMS implementation effort has been focused on data collection, submission, and processing. During the report design phase, suggestions received to date will be reviewed and input will be solicited from stakeholders to ensure that reports reflect the needs of the counties and providers.

56. How will reports be available?

Answer: Counties will be able to view and download their data reports through the Department of Mental Health (DMH) Information Technology Web Services (ITWS) portal. While the report format and content are yet to be developed, the reports will provide information at the county, provider, and client levels.

57. Must counties use the ITWS portal?

Answer: Yes. ADP currently contracts with DMH for use of its ITWS portal for various applications, such as Drug Medi-Cal (DMC) claims. The ITWS is an extremely stable and secure portal for submitting and receiving data and reports. By leveraging an already- developed portal, ADP will be saving significant implementation costs and maintenance. Many county AOD offices are already using the DMH ITWS portal to submit DMC claims and CADDS data. Stakeholders suggested using the same portal for CalOMS data to simplify and streamline the counties' data submission.

58. Can non-mental health or non-AOD agencies access ITWS?

Answer: No, only mental health and AOD agencies will be able to submit and access data from the ITWS portal. Access to the ITWS is limited to authorized users within a county or direct provider agency. Mental health agencies and mental health providers will not be able to see nor to access AOD data.

59. Can counties access another county's data – for data analyses and comparisons? Aggregated data? De-identified data?

Answer: Counties may decide to share aggregate or de-identified data amongst themselves. However counties will not be able to access data belonging to other counties without permission and without following confidentiality mandates.

60. Will there be annual CalOMS reports like the current CADDS reports?

Answer: ADP envisions a similar reporting process to promote data quality, and utilization of the data for program improvement and service planning.

61. Who should a software vendor interested in CalOMS contact for information?

Answer: Software vendors may contact Mr. George Lembi, CalOMS IT Project Manager, at glembi@adp.state.ca.us for information about system requirements. For information on the website, please refer to pages 11-12 of the *Requirements Specification for CalOMS*. This document is intended for use by counties and direct providers in developing their own CalOMS systems, and can be found on ADP's website at the following link
http://www.adp.ca.gov/CalOMS/pdf/ReqSpec.pdf

Prevention

62. Are the Prevention measurement surveys final?

Answer: The Prevention measurement surveys, supported by CADPAAC, were approved by the CalOMS Implementation Workgroup and ADP Cosponsors in November 2004. Some revisions and refinements will take place as CalOMS prevention systems are implemented. A Prevention data matrix document is being developed for the ADP website.

63. What are the Prevention timelines?

Answer: ADP is currently developing the Prevention data collection timeline document, which will be available in January 2005.

Miscellaneous

64. How will providers collect data for youth? Who will identify applicable questions for youth?

Answer: Providers must collect the required CADDS or TEDDS and the federal performance measures from all clients (see data matrix for specific questions). However, the MTOQs, consent form and locator form (collected at admission and discharge) will not be required data for clients under 18 years of age as they will not be included in the T3 follow-up sample.

65. How does the Drinking Driver Program (DDP) fit into CalOMS?

Answer: In Phase 1 of the CalOMS project, only those programs and services that currently report CADDS data are required to submit CalOMS data. Although DDPs are often the first contact for persons needing AOD services, DDPs are not within the scope of CalOMS.

66. Will a national client ID be established?

Answer: No, the CalOMS Unique Client Identifier (UCI) will be used to track clients and collect outcomes data in California only. At one time, the HIPAA rules proposed a national client identification number for patients. However, the Rule has not been finalized and it appears that it will not be implemented.

67. Does ADP have a CalOMS email list?

Answer: Yes. If you would like to receive CalOMS information and updates please send your name, email address, etc., to CalOMShelp@adp.state.ca.us

68. What must counties do with county contracts regarding the CalOMS requirements?

Answer: Counties will want to revise their contracts with county subcontract providers to include CalOMS requirements and mandates in the providers' subcontracts. The latest beginning collection date for treatment data set is on or before January 1, 2006. For prevention data, the latest beginning collection date is July 1, 2006.

69. Given the possible fiscal impact and current fiscal tight times, what considerations have been made for counties?

Answer: ADP is exploring methods and means available to counties to mitigate the fiscal impact of CalOMS on the counties. To this end, ADP is pursuing a contract with a third party entity to conduct the CalOMS T3 follow-up that initially was tasked to the counties. Other considerations include counties forming regional data systems or consortiums, using such software as the federally funded WITS system to collect data, or using software from other counties that are early adopters of CalOMS data systems.

Acronyms

ADP	(State) Department of Alcohol and Drug Programs
AOD	Alcohol and Other Drugs
CADDS	California Alcohol and Drug Data Set
CADPAAC	County Alcohol and Drug Program Administrators Association of California
CalOMS	California Outcomes Measurement System
CalTOPP	California Treatment Outcome Pilot Project
DDPs	Drinking Driver Program
DMC	Drug Medi-Cal
DMH	Department of Mental Health
FPM	Federal Performance Measures
HIPAA	Health Insurance Portability and Accountability Act
IOM	Institute of Medicine
ITWS	Information Technology Web Services
IWG	(CalOMS) Implementation Work Group
MTOQ	Minimum Treatment Outcome Questions
NTP	Narcotic Treatment Program
TEDS	Treatment Episode Data Set
WITS	Web Infrastructure for Treatment Services

Implementation Timeline

(May 21, 2004)

California